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PTO/SB/50 (4/98)  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

**Box Reissue  
Commissioner For Patents  
Washington, DC 20231**

Attorney Docket No.	18602-06222
First Named Inventor	James D. Kelly et al.
Original Patent Number	5,996,036
Original Patent Issue Date (Month/Day/Year)	11/30/1999
Express Mail Label No.	EL599912565US

### APPLICATION FOR REISSUE OF:

(check applicable box)

☒ Utility Patent ☐ Design Patent ☐ Plant Patent

#### APPLICATION ELEMENTS

- ☒ \*Fee Transmittal Form ((PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (unsigned)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent  
☐ Original U.S. Patent for Surrender  
☐ Ribbioned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))
- ☐ Written Consent of all Assignees (PTO/SB/53)
- ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

#### ACCOMPANYING APPLICATION PARTS

- ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☐ \*Small Entity ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
- ☒ Preliminary Amendment and Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☒ Other: Application Data Sheet

\*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

### 14. CORRESPONDENCE ADDRESS

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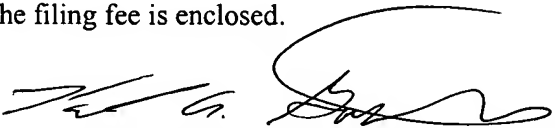


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00758

Name (Print/Type)	Kirk A. Gottlieb	Registration No. (Attorney/Agent)	42,596
Signature		Date	November 30, 2001

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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>						Docket Number (Optional) 18602-06222 EXPRESS MAIL NO. EL599912565US		
<b>Claims as Filed - Part 1</b>								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate Fee		
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 19	**** 0 =	x \$ ____ =		or	x \$18.00 = 0.00	
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 5	* 2 =	x \$ ____ =			x \$84.00 = 168.00	
Basic Fee (37 CFR 1.16(h))							\$ ____	\$ 740.00
Total Filing Fee					\$ ____	OR	\$ 908.00	
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 19	MINUS	** 20 =	* = 0	x \$ ____ =	or	x \$18.00 = 0.00	
Independent Claims (37 CFR 1.16(i))	*** 5	MINUS	***** 3 =	= 2	x \$ ____ =		x \$84.00 = 168.00	
Total Additional Fee					\$ ____	OR	\$ 168.00	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>*** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
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<input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.								
<input checked="" type="checkbox"/> A check in the amount of \$ <b>PLEASE DEFER</b> to cover the filing fee is enclosed.								
November 30, 2001 Date				 Signature of Applicant, Attorney or Agent of Record Kirk A. Gottlieb, Reg. No. 42,596 Typed or printed name				

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